

from others. May a nurse who wears one of the said uniforms speak her mind on the matter?

Miss Rudden speaks as though nurses donned or discarded a uniform at will, whereas in Chicago, however it may be elsewhere, the uniform for out- and in-doors is prescribed by the hospital to which the nurse belongs, and she is bound by the articles signed by her when she enters the training-school to wear such uniform *while on duty*, whether in or out of the hospital, so that, whether the nurses wear the uniform in a "meek and holy spirit" or not, it is because their hospitals require it, and not from a desire to be conspicuous.

In regard to the uniforms worn at the *alumnæ* convention this spring, all nurses not on duty appeared in ordinary street dress, but many on private or hospital duty were obliged to appear in uniforms or not at all.

The out-door uniform has been adopted, I think, chiefly for its protection and convenience. A nurse's hours off duty are considerably shortened if she must change from out-door uniform to street clothes and back again. It is perhaps this very thing that has driven the more careless, where no out-door uniform is provided, to wearing cap and apron on the street, or the cotton gown in combination with a Gainsborough hat, or (as I saw only the other day) a scarlet jacket.

Then the nurse attired in uniform is safe anywhere or at any hour. The garb commands as much reverence and respect as that of the nun. In my almost seven years of nursing, I have heard no unpleasant remarks regarding it, and many small courtesies have been tendered me out of respect to my uniform.

The chief objection offered to the street uniform seems to be that the clothes worn on the street are those worn in the sick-room. But doctors also come from street-cars and even more questionable places (bacteriologically speaking), and their clothes have not the advantage of being washed once or twice a week.

For obstetrics and surgery a perfectly fresh or entirely different gown is always worn, so the objection in that case is removed.

We all admit that it is a most unsuitable dress for ordinary wear, and would willingly limit it to its legitimate use for wear while on duty. But it is at present beyond the power of the individual nurse to discard it altogether, and the majority have no desire to do so.

Since many of the wearers of these street uniforms are nurses in first-class standing, graduates of our best hospitals, and are as jealous of the dignity of their uniform as any of the Eastern nurses could possibly be, we are sure our Eastern sisters will hesitate to call them immodest or unwomanly, or to accuse them of any lack of professional spirit.

EMMA MACKENZIE,

Graduate Michael Reese Hospital, Chicago.

DEAR EDITOR: Too little is said about the insufficient supplies in our hospitals. I do not refer to wealthy institutions, but the medium wealthy ones. How can nurses be taught to care for patients properly with an insufficient supply of bed-linen? A child's ward came under my observation recently. Twenty-two children, ranging from four to eighteen months old, were given thirty-eight diapers daily—one day eighteen. How can we expect a nurse to come from that ward conscientious and painstaking. If the services of a carpenter were secured to erect a three-story brick house, and bricks sufficient for a two-story building were furnished, we would be considered insane were we to

demand a three-story house, and yet we ask its equivalent of our pupil nurses in a large number of hospitals. The ambition of our hospitals is to send out an annual report with a large number of patients, aiming to increase that number each year. Nothing is done to increase the ward supplies, that this increased number of patients may be properly cared for. In the face of this glaring fault we constantly hear the question raised, "Why is it that institutional children do not do as well as children reared in our crowded tenements?" If a hospital has room sufficient to accommodate one hundred and twenty-five patients, with clothing and bed-linen, trays, etc., for properly caring for only seventy-five, why increase the number to one hundred and twenty-five? We accomplish more good by properly caring for the seventy-five than improperly caring for one hundred and twenty-five. Our hospitals are certainly institutions for the advancement of good.

E. L. FOELKER.

DEAR EDITOR: First, I want to thank you for your earnest effort to make your—or shall I say "our"—JOURNAL such a useful, interesting magazine. I am wondering now what I ever did without it. I always put in a good word for it to every nurse I meet. Next, I want to thank Miss L. Y. Strum for her excellent letter about small hospitals. As superintendent of another small hospital I want to say that I can thoroughly indorse it. I know by experience that every word she writes is absolutely true. There may be hospitals run for gain, but if there are, I have not come in contact with them. In those hospitals in which I have served the trustees and medical staff have given freely and gratuitously of their time and labor.

Your article on "The Influence that Makes a School" was the only thing needed to finish off and round out Miss Strum's letter.

Sincerely thanking you both, very truly yours,

(MRS.) M. H. LAURANCE,
Superintendent Rex Hospital, Raleigh, N. C.

DEAR EDITOR: I would like, if I may, to use the JOURNAL to ask all of the graduate nurses of the State of West Virginia to confer with us as to the advisability of establishing a State Nurses' Association for the purpose of registration and legislation. All graduate nurses of this State are asked to take an active part in this very important matter. Cordially yours,

MARY GAULE,
Chief Nurse Chesapeake and Ohio Railroad Hospital, Huntington, W. Va.

DEAR EDITOR: I have answered the "Pittsburg District Nurse's" questions, which, however, are covered in the article on "Visiting Nurse Work" in the April, 1902, number of the JOURNAL.

H. F.

1. Never more than ten working calls.
2. Eight hours, but the district nurse finds it impossible to have a prescribed time for leaving her work. Nurses in Chicago frequently work twelve hours.
3. Some societies require this. It is not generally done in the regularly organized associations.
4. No, unless a regular nurse is employed to answer night-calls only.
5. Forty-five dollars, fifty dollars, sixty dollars, is the general salary. This does not include any living expenses.